

Entered - 03/02/01 - sb
CL01L0146 - DIANNE C. MITCHELL

01- R-1025

CLAIM OF: **USAA CASUALTY INSURANCE COMPANY AS
SUBROGEE OF SHEILA G. WRENN**
P. O. Box 31643
Tampa, Florida 33631-3643

For damages alleged to have been sustained as a result of a vehicular accident on January 24, 2001 at 2870 Forrest Hills Drive.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **USAA CASUALTY INSURANCE COMPANY AS SUBROGEE OF SHEILA G. WRENN** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on January 24, 2001 at 2870 Forrest Hills Drive as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0146

Date: June 21, 2001

Claimant/Victim USAA CASUALTY INSURANCE COMPANY AS SUBROGEE OF SHEILA G. W
 BY: (Atty)(Ins. Co.)
 Address: P. O. Box 31643, Tampa, Florida 33631-3643
 Subrogation: X Claim for Property damage \$ 2,832.91 Bodily Injury \$
 Date of Notice: 02/26/01 Method: Written, proper X Improper
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
 Date of Occurrence 01/24/01 Place: 2870 Forrest Hills Drive
 Department Administrative Services Division: Motor Transportation
 Employee involved Larry B. Marshall Disciplinary Action: Letter of Warning

NATURE OF CLAIM: The driver of the City vehicle was following too closely and rear ended the claim vehicle causing damages in the above amount.

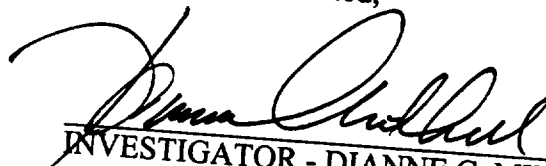
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
 Pictures X Diagrams _____ Reports: Police X Dept Report X Other _____
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

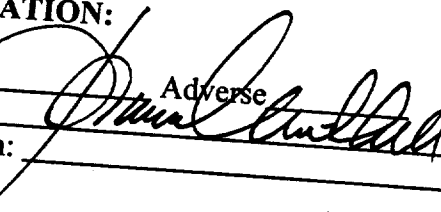
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
 Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
 City not involved _____ Offer rejected _____ Compromise settlement X
 Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
 Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


 INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
 Claims Manager:  Concur/date 06-22-01
 Committee Action: _____ Council Action _____

If you wish to discuss this matter, please contact me.

Sincerely,



Karen M. Van Etten
Claims Subrogation Specialist
Southeast Regional Office
Phone: 1-800-531-8222 Ext. 44516
Fax Phone: 1-800-541-7958

kmv/jk

Encl: BR Env, Support Docs



01L0146

USAA CASUALTY INSURANCE COMPANY
P.O. Box 31643, Tampa, FL 33631-3643

CITY OF ATLANTA
ATTN DAWN POMPEY
68 MITCHELL ST SW STE 4100
ATLANTA GA 30335-0332

May 9, 2001

Policyholder: Sheila G. Wrenn
Reference Number: 7124634-7101-10-3104
Date Of Loss: January 24, 2001
Loss Location: Atlanta, Georgia
USAA Tax ID Number: 74-0959140
Your Policyholder: City of Atlanta
Your Reference Number: 0110146

Dear Ms Pompey:

Our investigation reveals that your insured is responsible for damages sustained in this loss.

Please be advised I am resubmitting our subrogation claim due to the fact that we have paid collision supplements and rental since we submitted our subrogation claim in the amount of \$1,879.50.

This is to notify you of our subrogation interests and to request that you not make any settlements on this claim without protecting our recovery rights.

Our claim payments are documented below:

Collision Amount Paid	\$	2,502.91
Rental/Loss of Use	\$	330.00
Total Subrogation Demand	\$	2,832.91

Please forward your check for the above amount payable to USAA as subrogee of our policyholder. Also, please show the reference number above on your check.

Remit Payment To: USAA
ATTN: Insurance Claims
P.O. Box 31643
Tampa, FL 33631-3643

Your prompt payment is appreciated.

7124634 - 10 - GA - 01/24/01 - 3104 - 94 - A109

If you wish to discuss this matter, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Karen M. Van Etten".

Karen M. Van Etten
Claims Subrogation Specialist
Southeast Regional Office
Phone: 1-800-531-8222 Ext. 44516
Fax Phone: 813-615-5751

Encl: BR env, Support Docs

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 0110146

\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND NO/100
 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
discharge said City, its officers and employees, including but not limited to Larry B. Marshall, from any and all
claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or
on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident

which occurred on or about the 24th day of January, 2001,

at or near 2870 Forrest Hills Drive

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 18th day of June, 2001.

David C. Huffman (LS)
USAA CASUALTY INSURANCE COMPANY
AS SUBROGEE OF SHEILA G. WRENN

The above release was read and explained to, and signed by the said _____

David Huffman in our presence on the date above written.

Karen Van Etten
Susan S. Mitchell
WITNESSES



Susan S. Mitchell
MY COMMISSION # CC845378 EXPIRES
June 10, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

01- R-1025